

**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD**

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825

TELEPHONE: (916) 263-2666 FAX: (916) 263-2668

**VERIFICATION OF LICENSURE**

APPLICANT INSTRUCTIONS: Type or print the top section only. Send copy to every state in which you hold a current license. Request this form be completed and returned to the address shown above. **DO NOT FAX.**

Applicant name : _____

Address : _____

State of : _____ License # : _____ Date of birth : _____

This portion of verification to be completed by Licensure Board.

Licensee's full name : _____

Date of original issue : _____ Expiration date : _____

Audiology : _____ Speech-Language Pathology : _____

Is license in good standing? _____

Is there any derogatory information on file concerning this license? _____ If yes, please explain : _____

Has any disciplinary action been taken against the license? _____ If yes, please explain or attach copy : _____

Has the license ever been suspended or revoked? _____ If yes, please explain why : _____

Has license been reinstated? _____

Signature of Executive Officer_____
Date_____
State of**AFFIX
BOARD SEAL**